



MAIL BOXES ETC.®

MAKING BUSINESS EASIER.® WORLDWIDE.

## MAILBOX SERVICE AGREEMENT

CUSTOMER NAME: Thorne James  
 COMPANY: ~~1st Impression Enterprise Inc.~~  
 ADDRESS: 565 W. Market St York Pa 17404  
 HOME PHONE: (717) 843 1274 WORK PHONE: (717) 854 3427 FAX: \_\_\_\_\_  
 E-MAIL ADDRESS: T.J.B.S. Com. MAIL BOXES ETC. CENTER NO.: 1161  
 MAILBOX NUMBER: 209 SIZE OF MAILBOX: medium

1) This Mailbox Service Agreement ("Agreement") is made and entered into by the customer identified above ("Customer") for the use of and services related to a mailbox (the "Mailbox") at the Mail Boxes Etc. Center identified above (the "Center") under the terms set forth herein.

2) Customer agrees that Customer will not use the Center premises or any Center services for any unlawful, illegitimate or fraudulent purpose or for any purpose prohibited by U.S. postal regulations. Customer further agrees that any use of the Mailbox shall be in conformity with all applicable federal, state and local laws. Each individual or entity must complete a separate U.S. Postal Service Form 1583 ("Form 1583") to be authorized to receive mail or packages at the Mailbox. However, spouses may complete one Form 1583, as long as both spouses include their separate information on the Form.

3) This Agreement and Form 1583 shall remain confidential, except that this Agreement and Form 1583 may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated. Additionally, Customer acknowledges that pursuant to postal regulations the information required to complete Form 1583 may be made available by the U.S. Postal Service to the public if "yes" in block five (5) on Form 1583 is checked. Upon request, Customer agrees to complete all necessary documents, including Form 1583 and any required acknowledgment form relating to service of process. Customer further agrees to sign an updated version of this Agreement and Form 1583 upon request.

4) Possession of the Mailbox key shall be considered valid evidence that the possessor is duly authorized to remove any contents from the Mailbox. In the event of death or incapacity of Customer, the Center will require the appropriate documents from the Probate Court, the executor of the estate, the trustee or other similar person or entity before releasing mail or packages to a requesting party.

5) Customer agrees to pay an initial set-up fee of none and a refundable security/key deposit of \$5.00, as well as applicable monthly service fees. The security/key deposit is refundable upon expiration, cancellation or termination of this Agreement, provided that Customer returns the key, key card and/or other similar device, and pays all sums owed to the Center. Mailbox service fees are all due and payable in advance and Customer agrees that the Center may hold mail and packages pending payment. There will be no prorations or refunds for cancellation of any service. Customer agrees to pay a late fee of none if any payment is not received within five (5) days of when due. In the event the Mailbox lock is changed upon the request or fault of Customer, Customer agrees to pay a fee of none. Mailbox service fees and other related fees stated herein are subject to change. In the event that Customer receives an unreasonable volume of mail or packages at the Mailbox according to the Center's reasonable judgment, the Center may require Customer to upgrade to a larger size mailbox and pay any additional charge. The Center reserves the right to increase the Mailbox service fees in the event that Customer adds additional individuals or entities to the names of those individuals or entities authorized to receive mail and packages at the Mailbox pursuant to Form 1583.

6) Upon expiration, cancellation or termination of this Agreement, the Center will:

- a. Re-mail (i.e., forward) Customer's mail for six (6) months, provided Customer pays the postage, packaging material, and forwarding fees in advance. Additionally, Customer must pay a monthly storage fee

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Revised April 1999

of 10.00 for month 1, and 50.00 for months 2 through 6 in advance for the time period that mail is to be forwarded. It is Customer's responsibility to make arrangements with the Center to identify any mail forwarding needs prior to the expiration, cancellation or termination of this Agreement.

b. Discard or destroy any "Unsolicited Mail" (e.g., bulk mail; mail addressed as "occupant," "current resident" or similar designation; or coupons, advertising or other promotional material) delivered to or remaining at the Center.

c. Retain Customer's mail, other than Unsolicited Mail, at the Center for a period of thirty (30) days from the date of delivery or six (6) months after the expiration, cancellation or termination of this Agreement, whichever comes first, if Customer leaves no forwarding fees or forwarding address. After such time, any mail or package may be discarded or destroyed. In order to pick up any mail or package during the six (6) month period, Customer must pay a storage fee of 10.00 per month for the time period in which the Center holds the mail or package(s), plus a service fee of 2.00 for each time Customer visits the Center to pick up such items.

d. Refuse any package addressed to Customer delivered by any party other than the U.S. Postal Service, such as a commercial courier service.

7) Six (6) months after the expiration, cancellation or termination of this Agreement, the Center may:

a. Refuse any mail or package addressed to Customer and delivered to the Center.

b. Discard or destroy any of Customer's mail or package delivered to or remaining at the Center at such time.

8) The term of this Agreement shall be the initial period paid for by Customer and any renewal period paid for by Customer from time to time. Renewal of this Agreement for additional terms shall be at the Center's sole discretion.

9) Customer agrees that the Center may terminate or cancel this Agreement for good cause at any time by providing Customer thirty (30) days written notice. Good cause shall include but is not limited to: 1) Customer abandons the Mailbox; 2) Customer uses the Mailbox for unlawful, illegitimate or fraudulent purposes; 3) Customer fails to pay monies owed the Center when due; 4) Customer receives an unreasonable volume of mail or packages; 5) Customer engages in offensive, abusive or disruptive behavior toward other customers of the Center or the Center's employees; and 6) Customer violates any provision of this Agreement. Customer acknowledges that, for the purpose of determining good cause for termination of this Agreement as provided herein, the actions of any person authorized by Customer to use the Mailbox will be attributed to Customer.

10) Any written notice to Customer required or permitted under this Agreement shall be deemed delivered twenty-four (24) hours after placement of such notice in Customer's Mailbox or at the time personally delivered to Customer. In the event of a termination notice based upon abandonment of the Mailbox, notice shall be deemed delivered (a) on the next day after placing in the hands of a commercial courier service or the United States Postal Service for next day delivery, or (b) five (5) days after placement in the United States Mail by Certified Mail, Return Receipt Requested, postage prepaid, and addressed to Customer at Customer's address as set forth in Form 1583, or on the date of actual receipt, whichever is earlier.

11) As Customer's authorized agent for receipt of mail, the Center will accept all mail, including registered, insured and certified items. Unless prior arrangements have been made, the Center shall only be obligated to accept mail, or packages delivered by commercial courier services which require a signature from the Center as a condition of delivery. Customer must accept and sign for all mail and packages upon the request of the Center. Packages not picked up within 7 Business days of notification will be subject to a storage fee of 2.00 per day per package, which must be paid before Customer receives the package. In the event Customer refuses to accept any mail or package, the Center may return the mail or package to the sender and Customer will be responsible for any postage or other fees associated with such return. C.O.D. items will be accepted ONLY if prior arrangements have been made and payment in advance is provided to the Center.

12) Customer agrees to protect, indemnify, defend and hold harmless the Center, Mail Boxes Etc. USA, Inc., and their respective affiliates, subsidiaries, parent corporations, franchisees, officers, directors, agents and employees from and

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Revised April 1999

against any and all losses, damages, expenses, claims, demands, liabilities, judgments, settlement amounts, costs and causes of action of every type and character arising out of or in connection with the use or possession of the Mailbox, including without limitation, any demands, claims and causes of action for personal injury or property damage arising from such use or possession, from failure of the U.S. Postal Service or any commercial courier service to deliver on time or otherwise deliver any items (mail, packages, etc.), from damage to or loss of any package or mail, or to the Mailbox contents by any cause whatsoever, and from any violation by Customer of applicable federal, state or local laws.

13) Customer acknowledges and agrees that the Center is an independently owned and operated franchisee of Mail Boxes Etc. USA, Inc. ("Franchisor") and that Franchisor is not responsible for any acts or omissions of its franchisees.

14) CUSTOMER HEREIN AGREES THAT THE TOTAL AMOUNT OF LIABILITY OF THE CENTER AND FRANCHISOR, IF ANY, FOR ANY AND ALL CLAIMS ARISING OUT OF OR RELATED TO THIS AGREEMENT SHALL NOT EXCEED \$100.00 REGARDLESS OF THE NATURE OF THE CLAIM.  
(INITIAL   T. J.  )

15) Customer must use the exact mailing address for the Mailbox without modification as set forth in Section three (3) of Form 1583. Mail received by Customer must bear a delivery address that contains at least the following elements, in this order:

- (1) Intended addressee's name or other identification. Examples: Joe Doe or ABC Co.
- (2) "PMB" and number. Example: PMB 234.
- (3) Street number and name or post office box number or rural route designation and number. Examples: 10 Main St. or P.O. BOX 34 or RR 1 BOX
- (4) City, state, and ZIP Code (5-digit or ZIP+4). Example: Herndon VA 22071-2716.

The Postal Service will return mail without a proper address to the sender endorsed "Undeliverable as Addressed."

16) Delivery by commercial courier services must be made to the Center street address only (and not to a P.O. Box). "P.O. Box" may be used only if it is part of Customer's "Caller Service" (arrangement for delivery of mail through Centers using a U.S. Postal Service address) address format. In such case, the "PMB" designation must also be used. Upon signing this Agreement, Customer shall provide two forms of valid identification, one of which shall include a photograph. This Agreement may not be amended or modified, except in a writing signed by both parties.

CUSTOMER SIGNATURE:   J. J. James   DATE:   5/24/99  

AUTHORIZED CENTER REPRESENTATIVE

SIGNATURE:   Charles Kitz, agent   DATE:   5/24/99  

HOW DID CUSTOMER HEAR ABOUT US? \_\_\_\_\_

United States Postal Service

Application for Delivery of Mail Through Agent  
and Privacy Act Statement on ReverseBOX # PMB 209  
1. Date 5/24/99

Consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be repaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

**NOTE:** The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed form at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or postoffice) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery and corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

Name in Which Applicant's Mail Will Be Received for Delivery to Agent.  
Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.

Tyrone James

3. Address to Be Used for Delivery Including ZIP + 4

Tyrone James  
PMB 209  
2180 White St.  
York, PA 17404-4942Applicant Authorizes Delivery to and in Care of  
Name, address, and ZIP Code of agentMAIL BOXES ETC. #1161  
2180 WHITE ST.  
YORK, PA 17404

5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? (Check one)

☐ Yes☒ No

This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)

YES

7. Name of Applicant

TYRONE JAMES

8. Home Address (Number, street, city, state, and ZIP Code)

565 W. Market St.  
York Pa 17404

Telephone Number ( )

Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.

a. CA Driver's License C2083017

b. Pacific Bell Phone Card 90937136758251

Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.

10. Name of Firm or Corporation

11. Business Address (Number, street, city, state and ZIP Code)

Telephone Number ( )

2. Kind of Business

Beauty Business

13. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. (All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)

4. If a CORPORATION, Give Names and Addresses of Its Officers

15. If Business Name of The Address (Corporation or Trade Name) Has Been Registered, Give Name of County and State, and Date of Registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

i. Signature of Agent/Notary Public

Charles Kutz, agent

17. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Tyrone James

This form on Internet at www.usps.com

United States Postal Service

## Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

BOS

PMB 209

1. Date

5/24/99

consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

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Name in Which Applicant's Mail Will Be Received for Delivery to Agent.  
(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

1st Impression Enterprise Inc.  
DBA. Tg J. Beauty Supply

3. Address to Be Used for Delivery Including ZIP + 4

1st Impression Enterprise Inc.  
PMB 209  
2180 White St.  
York, PA 17404 - 4942

Applicant Authorizes Delivery to and in Care of

(Name, address, and ZIP Code of agent) MAIL BOXES ETC. #1161  
2180 WHITE ST.  
YORK, PA 17404

5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? (Check one)

☐ Yes☒ No

This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)

YES

7. Name of Applicant

Tyronne James

8. Home Address (Number, street, city, state, and ZIP Code)

Tel:

Two Types of Identification are Required. One Must Contain a Photograph of the Applicant.

Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.

10. Name of Firm or Corporation

1st Impression Enterprises

11. Business Address (Number, street, city, state and ZIP Code)

PMB 209  
2180 White St.  
York, PA 17404 - 4942

Telephone Number (717) 854-3427

Kind of Business

Beauty Products Services

13. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. (All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)

Tyronne James

If a CORPORATION, Give Names and Addresses of Its Officers

15. If Business Name of The Address (Corporation or Trade Name) Has Been Registered, Give Name of County and State, and Date of Registration.

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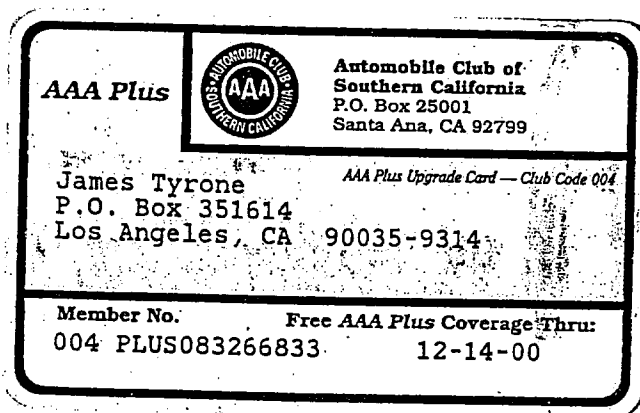
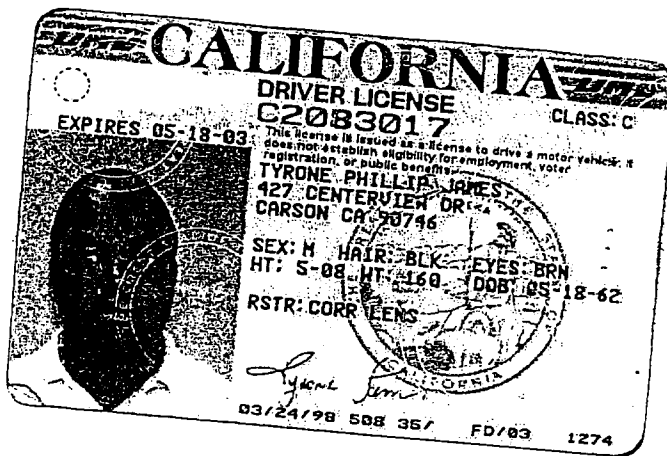
Signature of Agent/Notary Public

Charles Kettz, agent

17. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Tyronne James

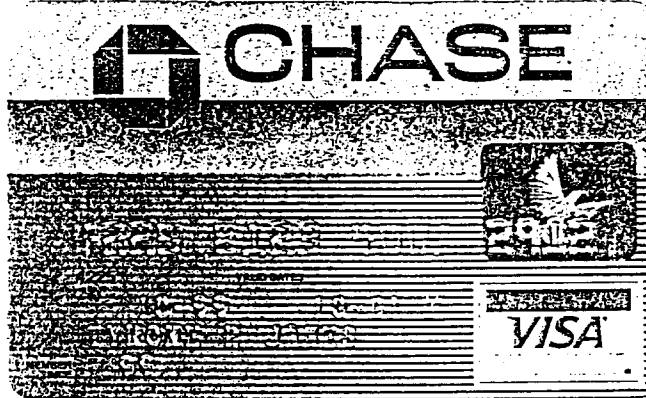
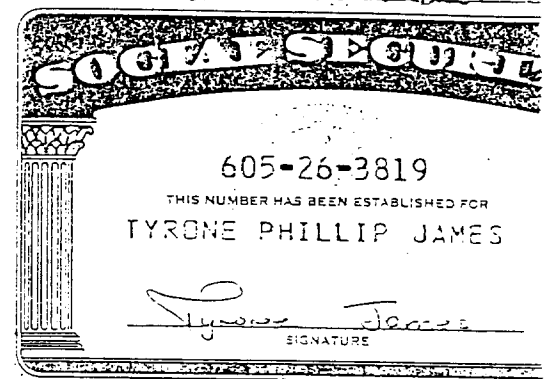
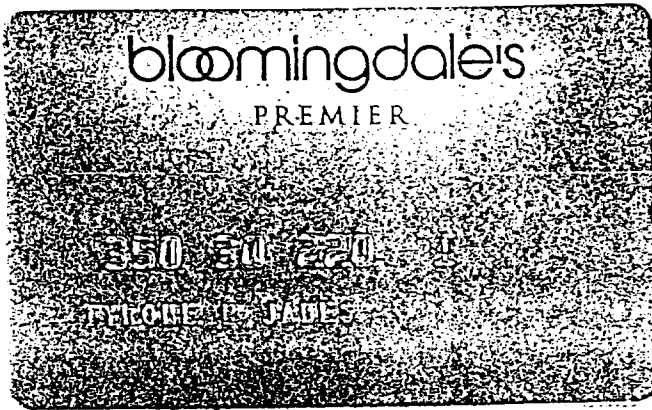




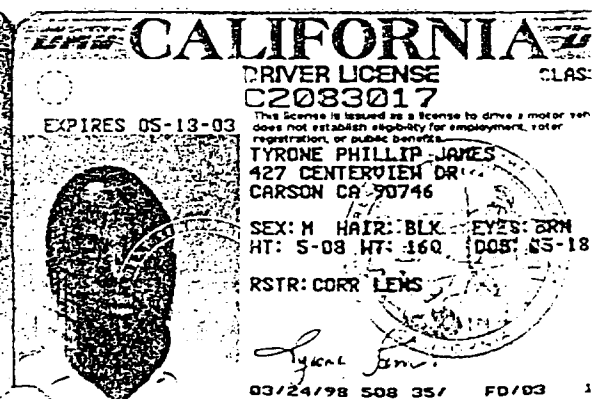
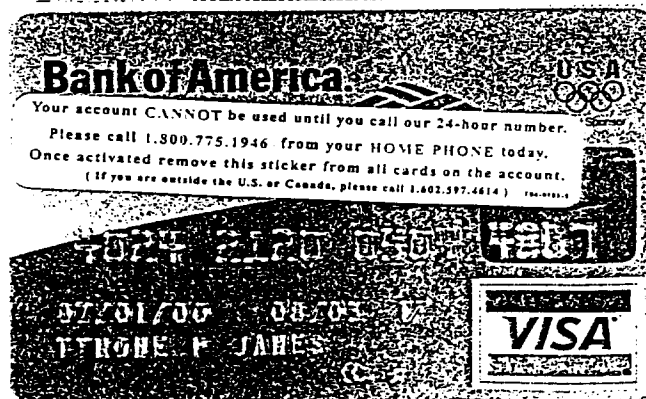
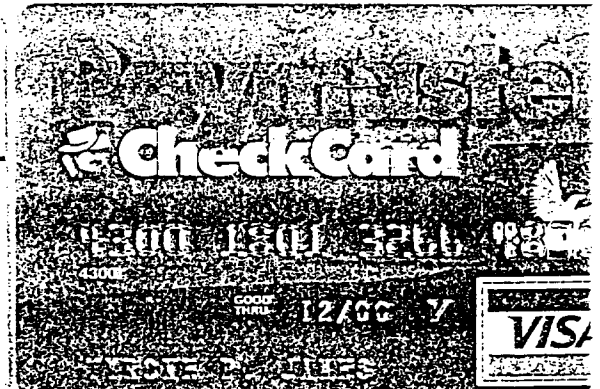
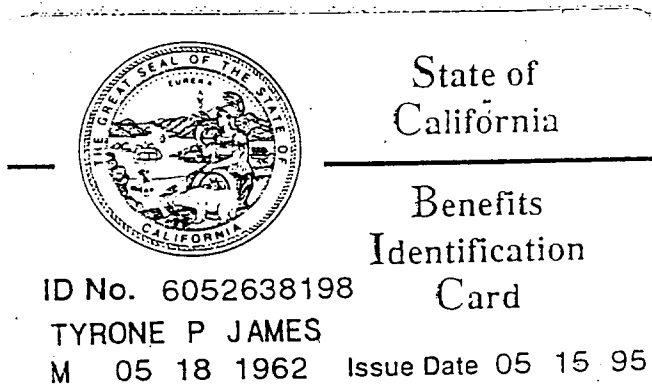
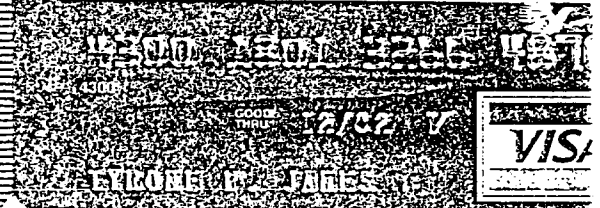
### Privacy Act Statement

Collection of this information is authorized by 39 USC 403 and 404. This information will be used to authorize the delivery of the intended addressee's mail to another. The Postal Service may disclose this information to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the Postal Service is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract to the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to a labor organization as required by the National Labor Relations Act; for the purpose of identifying an address as an address of an agent to whom mail is delivered on the behalf of other persons; and to anyone when the delivery address is being used for the purpose of doing or soliciting business with the public. Completion of this form is voluntary; however, without the information, the mail will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender.

T.S. Customer's Initials  
Customer acknowledges that he/she  
has read and understands all statement  
contained in this application.



FOR YOUR PROTECTION  
You **MUST** use this card at an ATM  
before you can use it at a Visa merchant.







Blue Chip  
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B2HV47  
TYRONE P JAMES

Household Bank

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1600 0470 316  
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Wizard  
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TYRONE JAMES



1690544

Bank of America



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5035 3900 1521 3500

CUSTOMER SINCE GOOD THRU

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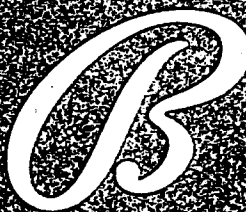
ADVANTAGE  
Capital One

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member



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THE ASSOCIATES

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URL: www.panoramtech.com

**Patrick Samuels**  
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LOS ANGELES, CA 90035

Date

16-1606/12.

Pay to the  
order of

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CITY NATIONAL BANK

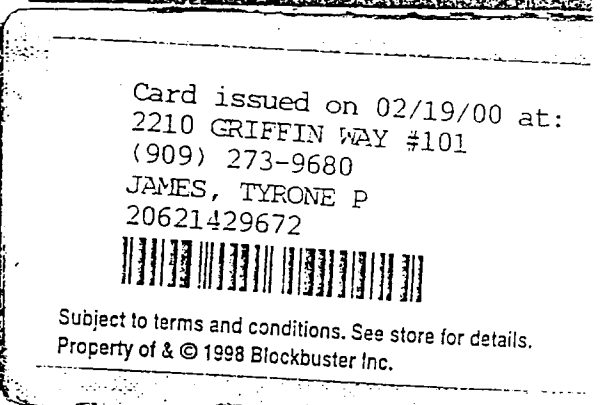
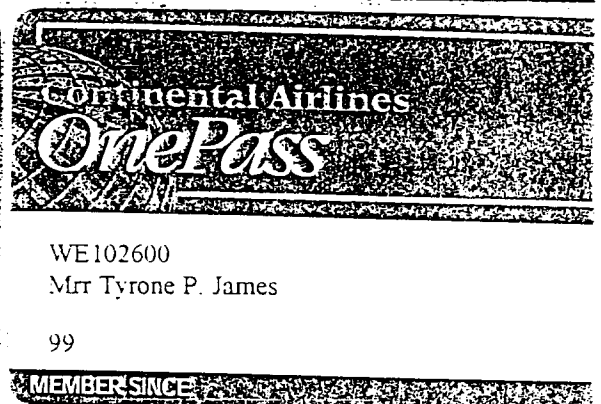
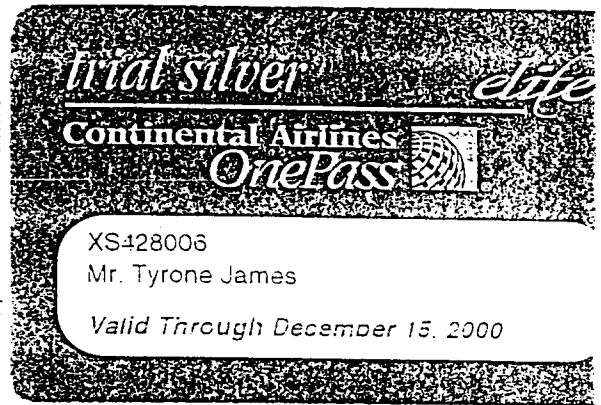
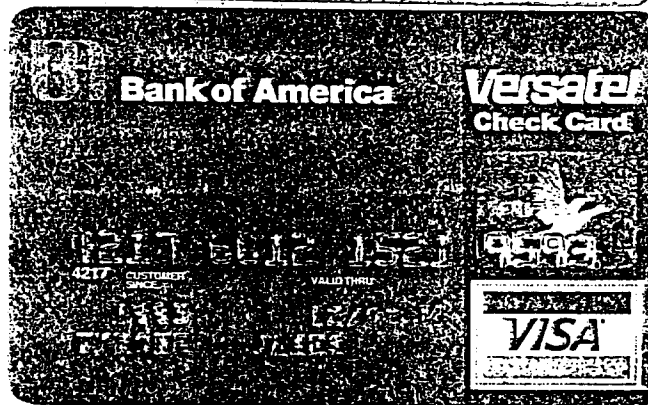
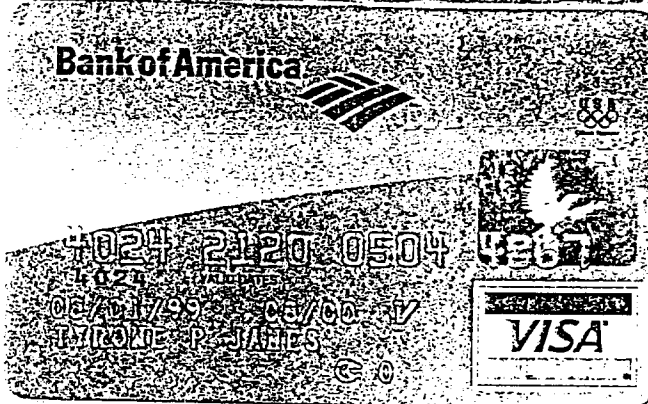
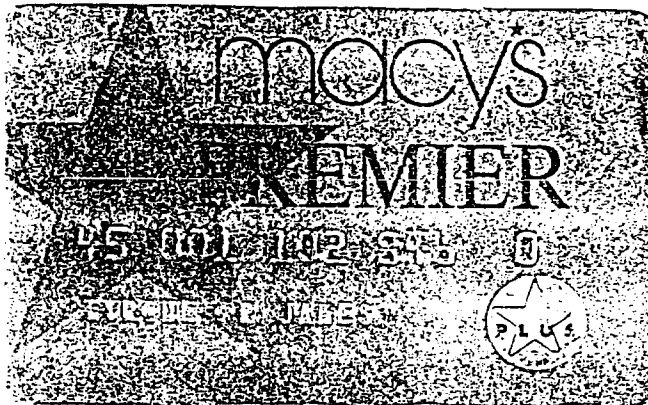
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Riverside, CA 92505

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PROPERTY OF LOS ANGELES COUNTY  
2415 WEST SIXTH STREET  
LOS ANGELES, CALIFORNIA 90057

001656c

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